REQUEST FOR PATENT FEE REFUND								
1 Date of Request: 2 Seri		ial/Patent # <u>08/945667</u>						
3 Please refund the following fee(s):		(s):	4 PAI NUI	PER MBER	5 DAT	E LED	6 AMOUNT	
	Filing				1		\$ 140	
	Amendment						\$	
	Extension of Time						\$	
	Notice of Appeal/Appeal						\$	
	Petition						\$	
	Issue						\$	
	Cert of Correction/Terminal	Disc.					\$	
	Maintenance						\$	
	Assignment						\$	
	Other						\$	
			7 TOTAL AMOUNT S 140			\$ 140		
			8 TO	8 TO BE REFUNDED BY:				
10 REASON:				T	Treasury Check			
/	Overpayment		Credit Deposit A/C #:					
	Duplicate Payment		· 111 Ø 855					
	No Fee Due (Explanation):							
11 REFUND REQUESTED BY:								
TYPED/PRINTED NAME: John Anderson				т	TLE:	Par	alegal Spec	
SIGNATURE: Ander				PI	HONE:	30	08-9116	
office: PCT - Do/EO								
THIS SPACE RESERVED FOR FINANCE USE ONLY:								
APPROVED:				E: _				
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Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B

FORM PTO 1577 (01/90)